

to all these problems and our insistence upon their being a part of public health work, that the voice of public health officers will be heard and their demands receive adequate recognition.

That either we have not shown our practical interest in the charity side of public health work or that our relation thereto has been disregarded would seem to be shown from the results of a published enquiry into the occupations of members of District Committees in Charitable Work in New York, Boston, Philadelphia, Baltimore, Washington and Chicago. Thus 539, or 45% of the whole number, were women, and 106 or 10% were men of leisure and business men. Of 201 professional men, 100 were clergymen, 51 were doctors, 38 lawyers and 12 of other professions. Of 73 teachers on the committees, Baltimore has 52 and but four are salaried officials of institutions. Settlement or institution workers are 36 in all, while only two tradesmen are found in a total of over 1,000 members. That there should have been but four college professors in the whole list is a commentary in itself, while the fact that only two tradesmen are included would seem to indicate how far apart are the classes of the people in even the centres of rampant democracy.

Amongst the practical measures, which organizations of this sort can most properly urge, along the broad lines which have marked our work in the past, there is one which in my judgment dominates all others so far as the work of the municipal health officer is concerned. It is that of the distribution of the immigrants who month by month and year by year pour into our cities. The task is of all probably the most difficult, and depending as it must upon State and Municipal legislation, requires the development of a strong public opinion before it becomes possible of solution. The "Aliens Bill" introduced in the British House of Commons in 1904 contained the essence of the principle that the Local Government Board could by order direct that within an area whose limits would be defined in the Order, not more than so many persons could be resident and of this number no more than so many of any foreign nationality. We have in this idea a broad basis for action along lines such as we have referred to. Assume, for instance, that a block of New York or Montreal houses has already its quota, from the sanitary standpoint, of a foreign population, and it does seem possible with police assistance to prevent more immigrants from being allowed to inhabit these houses.

State and Provincial laws should endue the State and Provincial Boards of Health with the fullest powers to institute enquiries when they deem it proper, as well as when requested by Local Boards of Health, and to demark such areas by an order compulsory upon the